MissinSquare RETIREMENT

457 Deferred Compensation Plans Contribution Form

- Use this form to initiate contributions to your 457 deferred compensation plan or change the amount of your after-tax contributions. Note: You should only use this form if you have previously established an account in your employer's plan.
- · Return the completed form to your employer.

YEAR	MAXIMUM CONTRIBUTION	AGE-50 CATCH-UP	PRE-RETIREMENT CATCH-UP	
2021	\$19,500 Approximately \$750 every two weeks* *If you are paid semi-monthly (24 pay periods per year), contribute \$813 per pay period.	\$6,500 \$26,000 total	\$19,500 <i>\$39,000 total</i>	

	LOYER PLAN NUMBER: EMPLOYER PLAN NAME:					
DENTIFICATION PLEASE PROVIDE YOUR:	SOCIAL SECURITY NUMBER:		4 OR +	EMPLOYEE ID:		
ULL NAME: LAST, FIRST, MI				EMAIL ADDRI	ESS:	
CONTRIBUTION AMO	OUNT AND EFFECTIVE DA	TE			PROM	
Contribution Amount: (pe	r pay period)					
I authorize my employer to plan account with MissionS	contribute the amount specification quare Retirement. (Specify a p	ied belov ercentage	w from m or dollar a	y pay each pay period mount for pre-tax and/or	l, to be cont Roth contrib	ributed to my 457 deferred compensation utions.)
Pre-Tax Contributi	ons: 🗌 Percentage:	%	OR	Dollar Amount	: \$	(per pay period)
Roth Contribution	s: Percentage:	%	OR	Dollar Amount	: \$	(per pay period)
Roth contributions and before selecting this		e check wit	h your em	ployer or MissionSquare	to confirm th	at Roth contributions are offered in your plan
Normal Contribution Lim	it (2021): 100% of compens	ation or S	19,500,	whichever is less.		
Catch-up Contributions: check the applicable box be		f either o	f the cato	ch-up contribution pro	visions avai	lable to 457 plan participants, please
Age 50 catch-up c	ontributions (up to \$6,500 more	e than the	normal lin	nit. \$26,000 maximum.)		
Special pre-retirer	nent catch-up (up to \$19,500 m	ore than ti	he normal	limit. \$39,000 maximur.	n.)	
Please read MissionS	quare's Pre-Retirement Catch-Up	Form for r	nore infori	mation.		
Effective Date:						
	ll be effective as of the first p possible thereafter, unless a				ng the date	you submit this form to your employer, or
	a languat ha application than the	inning of t	he followir	ng month): мм/DD/YYYY _		
 Future Effective Date 	e (cannot be earner than the beg	-				
• Future Effective Date	e (cannot be earner than the beg					
SIGNATURES	e (cannot be earner than the beg					Date: мм/од/үүүү